STATE OF NEBRASKA DEPARTMENT OF AGRICULTURE BUREAU OF ANIMAL INDUSTRY

P.O. Box 94787 Lincoln, Nebraska 68509-4787 Phone: (402) 471-2351

APPLICATION FOR LICENSE: RENDERING ESTABLISHMENT PET FEED ESTABLISHMENT Name of establishment: _____ City: _____ County: _____ Address: State: _____ Zip code: _____ Phone no.: _____ II. Is your establishment receiving federal inspection? Yes □ No □ III. Name of owner/manager: IV. Names and addresses of agents, pickup, and/or collection service: a. _____ Address: _____ Phone no.: _____ No. trucks: ____ Call service only: _____ b. Name: _____ Address: _____ City: _____ State: ____ Zip code: ____ Phone no.: No. trucks: Call service only: Please include additions on reverse side. Do you operate storage facilities other than your main plant, such as rented or leased refrigeration and/or dry ٧. storage warehouse space? Yes □ No □ If yes, give location and type of storage. VII. Does your organization operate more than one (1) establishment? If so, please list names and addresses and describe the type of operation of each establishment. The law requires a license for each establishment. Each application shall be accompanied by the license fee of \$300, payable to the Bureau of Animal Industry. Signature of Applicant Title (if applicable)

Date